



Express Mail No.: EB 132 603 115 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Mark C. BATES

Confirmation No.: 9083

Serial No.: 10/822,037

Art Unit: 3763

Filed: 04/08/2004

Examiner: BOUCHELLE,
Laura A.

For: APPARATUS FOR THE
DELIVERY OF DRUGS OR
GENE THERAPY INTO A
PATIENT'S VASCULATURE
AND METHODS OF USE

Attorney Docket No: 012212-0002-999

PETITION FOR EXTENSION OF TIME UNDER 37 CFR § 1.136(a)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

It is respectfully requested that the time for response to the Office Action dated May 2, 2007 be extended for a period of 3 month(s) from August 2, 2007 to and including November 2, 2007.

The fee for this extension is estimated to be \$525.00. Please charge the required fee to Jones Day Deposit Account No. 50-3013. A copy of this sheet is enclosed.

Respectfully submitted,

Date: November 9, 2007

By: Regis C. Worley, Jr.

Reg. No. 58,430

For: Nicola A. Pisano

Reg. No. 34,408

JONES DAY

222 East 41st Street

New York, New York 10017
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02 FC:2253

00000045 503013 10822037
525.00 DA

Adjustment date: 12/13/2007 CKHL0K
11/13/2007 ATRINH 00000045 503013 10822037
02 FC:2253 525.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>12/12/07</u>		2 Serial/Patent # <u>10822037</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
✓	Extension of Time	—	11/10/07	\$ 525.00							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ 525.00							
		8 TO BE REFUNDED BY:									
10 REASON:		✓	Treasury Check								
	Overpayment	✓	Credit Deposit A/C #:								
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>5</td><td>0</td><td>--</td><td>3</td><td>0</td><td>1</td><td>3</td></tr></table>			5	0	--	3	0	1	3
5	0	--	3	0	1	3					
✓	No Fee Due (Explanation):										
EOT not necessary											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Liana Walsh</u>		TITLE: <u>Pet Examiner</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>23206</u>									
OFFICE: _____											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>12/13/07</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: